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**Date:** February 26, 2004

**To:** Examiner Delia M. Ramirez, Ph.D.  
*U.S. Patent & Trademark Office*

Phone: 571-272-0938  
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**From:** J. Michael Schiff  
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**Number of pages including cover:** 12 (last page marked)

**OFFICIAL FILING**

Amendment for

**USSN 09/432,503**

*Please enter the enclosed papers into the Patent File*

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PTO/SB/21 (08-00)

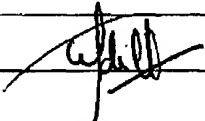
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|---|------------------------|---------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 09/432,503                |
|   | Filing Date            | November 2, 1999          |
|   | First Named Inventor   | Thomas Cech et al.        |
|   | Group Art Unit         | 1652                      |
|   | Examiner Name          | Della M. Ramirez, Ph.D.   |
| Total Number of Pages in This Submission: <u>10</u>   | Attorney Docket Number | 015389-002611US; 018/063c |

| ENCLOSURES (check all that apply)  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply (8 pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition to Change Inventorship<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please<br>identify below): |
| Remarks  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm<br>or<br>Individual name              | J. Michael Schiff, Registration No. 40,253  |
| Signature                                  |  |
| Date                                       | Feb 26/04   |

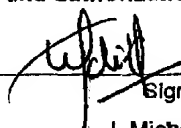
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| Typed or printed name  | J. Michael Schiff   |      |                   |
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |               | Docket Number (Optional)<br>002611US; 018/063C |  |   |               |   |          |   |          |  |          |  |          |
|--|---------------|--|--|---|---------------|---|----------|---|----------|--|----------|--|----------|
| In re Application of <b>Thomas R. Cech, et al.</b>   |               |  |  |   |               |   |          |   |          |  |          |  |          |
| Application Number <b>09/432,503</b>   |               | Filed <b>Nov. 2, 1999</b>                      |  |   |               |   |          |   |          |  |          |  |          |
| For <b>Increasing Proliferative Capacity of Cells Using<br/>Telomerase Reverse Transcriptase</b>   |               |  |  |   |               |   |          |   |          |  |          |  |          |
| Group Art Unit <b>1652</b>   |               | Examiner<br><b>Delia M. Ramirez, Ph.D.</b>     |  |   |               |   |          |   |          |  |          |  |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ <u>110</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07/1139</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) <u>40,253</u></p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p><u>February 26/04</u><br/>Date</p> <p><br/>Signature<br/><u>J. Michael Schiff</u><br/>Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>one</u> form is submitted.</p> |               |  |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ <u>110</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$ <u>110</u> |  |  |   |               |   |          |   |          |  |          |  |          |
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| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$ _____      |  |  |   |               |   |          |   |          |  |          |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$ _____      |  |  |   |               |   |          |   |          |  |          |  |          |
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